

**CBDG-MIT Grant  
Monthly Progress Report (MPR)**

<b>Grant No. – Sub. Name:</b>	<b>MT039-City of Avon Park</b>			
<b>Project Title:</b>	<b>Drinking Water Infrastructure Project</b>			
<b>Funding Awarded:</b>	<b>\$670,623.00</b>			
<b>Agreement Period:</b>	<b>01/10/2021 – 01/09/2025</b>			
<b>Primary Points of Contact Information:</b>	April Cluess FDEO		Melody Sauerhafer 863-452-4410 msauerhafer@avonpark.city	
<b>Activity Reporting Period: January 2023</b>				
<i>An update of this report shall be submitted to DEO ten (10) calendar days after the end of each month.</i>				
<b>Section One – Financial Data:</b>				
	Amount	Funds used this period	Funds used to date	Balance Remaining
Leverage Funds (A)	0	0	0	0
CDBG-MIT Funds (B)	\$670,623.00	0	0	\$670,623.00
TOTAL Project Funds (A+B)	\$670,623.00	0	0	\$670,623.00
<b>Section Two – Accomplishments within the <u>Past</u> Month:</b>				
Completion of the expenditure projections. Completion of the financial policy checklist. Complete Teams calls with FDEO.				
<b>Section Three – Issues or risks that have been faced with resolutions:</b>				
None.				

**Section Four – Projected activities to be completed within the following Month:**

Complete the engineer contract. Commence design.

**Section Five – Required Submissions:****❖ Attachment B - Project Budget**

- Has the Project Budget changed?
- *If answered "Yes", please submit the **Revised Attachment B.***

Yes ☐No ☒**❖ Attachment C - Activity Work Plan**

- Has the Activity Work Plan changed?
- *If answered "Yes", please submit the **Revised Attachment C.***

Yes ☐No ☒**❖ Timeline (Milestones) for Implementation**

- Has the Timeline changed?
- *If answered "Yes", please submit the **Detailed Timeline (Milestones).***

Yes ☐No ☒**❖ Staffing Plan**

- Were there any Staffing changes?
- *If answered "Yes", please submit the **Revised Staffing Plan** which will include the **Revised Org Chart** and **Updated names and Job descriptions.***

Yes ☐No ☒**❖ Equipment Transfer/Disposal**

- Were there Equipment Transferred/Disposed?
- *If answered "Yes", please request a copy of the **Equipment Transfer/Disposal Form** and disposition instructions from your grant Manager. Complete and submit the **Equipment Transfer/Disposal form.***

Yes ☐No ☒

This report was prepared by:

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**Signature and date:**

